



Idaho Corporation Annual Report Form

File online at: sos.idaho.gov

Due no later than: 11/30/2019

Return completed form within 30 days to was Idaho Secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.					Boise, ID 83720 Phone: (208) 334-2300	
SOS Contro	ol Number: 215860	F	Filing Status: Active-Good Standing			
General Business Corporation (D)					Formation Locale: ID	E 1
Name and M	Mailing Address:			(1) Add	or Change Mailing Address:	
HOFMANN-COAN, INC.				*		•
PO BOX 150	0					Ľ
SILVERTON	N, ID 83867-0150					,
						}
*	· · · · · · · · · · · · · · · · · · ·		 	: 		- ;
_	Agent (RA) and Registere	ed Offic	e (RO) Address:	(2) Cha	ange RA and/or RO Address:	(
DONALD A HOFMANN						À
408 9TH ST						⊢
SILVERTON, ID 83867						(
	Note: The Regi	stered O	ffice address must be a n	hysical Idah	o address (no postal box).	
				, or our , uur.	a delice (no podla box).	
(3) New Reg	gistered Agent (RA) Signa	ture:_	If a navy arout is appointed	un itam (2) ab	ove, the new agent must sign here to accept the appointmen	
/// Compretion	· · · · · · · · · · · · · · · · · · ·	d:00000 /				<u>".</u> ₹
	tions: Enter names and business addresses (with zip code) of the President, Vice Pr					_{
Title	Name		Business Address		City, State, Zip	
SIDENT	1 1. 1/	NN	1.0.Box 150		Silverion 1D 8386/	_;
ce thecidant Katharine F. Coan			F.O.Box 150 E.1250 Glen		+ Harlandoke ID 8383	귿
1 102430	TVEA TOWEY		L DIOGO COREVIO	nore c	+ Handen Lake ID 8383	<u>~</u>
(5) Board of Di	irectors names and business add	esses (w	ith zip code). Attach additio	nal sheet if n	ecessary.	9
<u></u>			ess Address		City, State, Zip	<u> </u>
					City, Catto, Lip	₹
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	•		Ş
	· · · · · · · · · · · · · · · · · · ·					
		ļ	<u> </u>			
		ļ				
	1-11-	7/			u hadia	
(5) Signature:	comme !	60	an	(6) Dat		_
(7) Type/Print N	Name: Katharine	50	oan .	(8) Title	· Vice President	1
	1			 	<u>,</u>	
Instructions:	Legibly complete the form above	. Sign ar	nd date this form and return	to the addres	ss provided above.	